

CHILD VENA Questions

1. What is your greatest concern about your child? How would you rate your stress level on a scale of 1-10 (1 is low, 10 is high)? (901)
2. Tell me who your child sees for medical and dental care.
3. What physical activities does your child like? How often does your child do these activities? What kind of physical activities do you and your child do together? (Growth discussed with growth grid review)
4. Tell me about any health, medical or dental issues your child has. (134, 142, 151, 211, 341-349, 351-355, 357, 359-360, 362, 363, 381, 382, 425)
5. Tell me about any vitamins, supplements, herbs, teas or medications (RX or OTC) your child is taking? (357, 427)
6. Some children eat non-food items (like soil, large quantities of ice or laundry starch), eats or drinks unpasteurized dairy products or juices, soft cheeses, raw or undercooked meats, fish, or eggs (runny yolks), unwashed produce or sprouts. Tell me about any of these your child eats. (425)
7. When and where is your child around people who are smoking indoors? (904)
8. Tell me about the variety of foods your child normally eats. What beverages and fluids does your child drink in a typical day? (425)
9. Describe a typical mealtime in your home. (How many meals and snacks a day does your child eat? Who normally eats with your child? Where does your child normally eat? What else is going on when your child eats?) (425)
10. What textures of food is your child able to eat? What utensils does your child use? How confident is your child with self-feeding? What does your child use to drink (bottle, sippy cup, regular cup or something else?) (425)

11. How do you feel about providing and preparing food for yourself/your family? (How often do you eat at restaurants or other commercial businesses that offer food?) (801, 902)
12. What could you do to improve your child's eating habits?
13. What questions do you have for me?